Revision: HCFA-PM-91- 4   (BPD)   OMB No. 0938-
         AUGUST 1991

State/Territory: __LOUISIANA__

Citation   7.4   __State Governor's Review__

42 CFR 430.12(b)   The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

     /X̄/   Not applicable. The Governor--

         /X̄/   Does not wish to review any plan material.

         /_/   Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

__DEPARTMENT OF HEALTH AND HOSPITALS__
       (Designated Single State Agency)

Date:___2/16/98___

               David W Hood
                    (Signature)

             __SECRETARY__
                (Title)

TN No. ___98-04___
Supersedes   Approval Date _5-11-98_   Effective Date _2-16-98_
TN No. ___97-01___
                      HCFA ID: 7982E

STATE _LA_
DATE REC'D _3-23-98_
DATE APPV'D _5-11-98_   A
DATE EFF _2-16-98_
HCFA 179 _98-04_

Revision: HCFA-PM-91- 4   (BPD)   OMB No. 0938-
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                State/Territory: _____LOUISIANA_____

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            DEPARTMENT OF HEALTH AND HOSPITALS
_____
                (Designated Single State Agency)

Date:_____1/24/97_____

                         _____
                                      (Signature)

                              SECRETARY
                         _____
                                  (Title)

TN No. __97-01__
Supersedes   Approval Date 04/22/97   Effective Date 01/01/97
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STATE Louisiana
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